

CHILDREN'S AID SOCIETY

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March 30, 1989

Jan Kirby-Gell
National Center on Child Abuse & Neglect
P.O. Box 1182
Washington, D.C. 20013

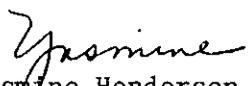
Re: Grant # 90-CA-1259

Dear Jan:

Please find enclosed the final report of the Teen Parent Program. This report includes a collection of accomplishments, statistics, research results and findings.

A copy of this report has been mailed to Betty Little's attention.

Sincerely,


Yasmine Henderson
Teen Parent Program Coordinator

YH/cq
Enc.

TEEN PARENT PROGRAM
Birmingham, Alabama

Program Description

The Teen Parent Program was a joint project of Children's Aid Society and Family/Child Services. The project provides a continuum of services to reduce child abuse/neglect and to strengthen families of teenage parents. The project objectives address a number of problems which teen parents face: weak family structure and support, low levels of self sufficiency and self-esteem, lack of family planning, medical care, information on parenting and parent-child interaction.

There are four basic program elements which comprise the Teen Parent Program. A client coming into the program after assessment by the program coordinator, is assigned to the most appropriate combination of services. The program elements are, Family Care Specialist - (teaches child development, home management and provides transportation, in home services) In-home counseling, In-Touch (volunteers teaching child development and parent-infant interaction in the home) and the Young Parents' Club (a support group for parenting teens).

The project began serving clients December 1986, a total of 90 teen parents and 124 babies have been served in the program from December 1986 - December 1988, either in one element or all four elements of the program. We served parents from twelve years old to twenty one years old in the Jefferson County area. The Jefferson County Bureau of Health Statistics and Vital Records listed a total of 59,465 live births. Of these 10,362 were born to women twelve to nineteen years of age in 1986. The vast majority of these teen mothers will raise their infants rather than surrender them for adoption.

The project has developed a successful referral system with many agencies in the community, some are, Jefferson County Health Department, Department of Human Resources, Family Court of Jefferson County, several local hospitals, Young Parents' Club, Teen Tot Clinic, Children's Aid Society, and Family and Child Services.

The project provided services to each participants on a weekly bases or based on their individual needs. Reports were submitted by the appropriate worker. Weekly staff meetings were held at which time a discussion of the options and progress took place.

Arrangements for medical care are made in many cases by the project coordinator as this need becomes apparent at case opening. This service was continued by the family care specialist who also provides transportation when necessary.

Reducing subsequent pregnancies was an important element in each service of the project. In-service training sessions were held with all staff members and volunteers to ensure their knowledge of behavior regarding sexual activity, provide birth control information and reinforce its use. This also helped the staff to examine their feelings about sex and birth control.

Accomplishments

The major accomplishments of the program are:

1. Reduced Involvement of Protective Service
2. Parents learned about child development
3. A great number of teen mothers returned to school to obtain diploma/GED
4. Reduced subsequent pregnancies
5. Many young parents obtained permanent housing
6. Improved family communication and relationships

An sixteen year old mother was referred for family care specialist services when her child was one week old. The family care specialist developed an excellent relationship with her. The family care specialist noted problems with this mother's limited parenting skills. Further investigation pointed to the fact that this young mother had been abused by her parents and had been placed in foster care since age seven. She in turn was not able to show any emotion for her child. In addition the mother and child were living in an abusive situation with the boyfriend. The mother and baby were able to find other housing through the assistance of the project. After numerous sessions with the family care specialist, the mother developed excellent parenting skills, returned to school, received her GED, sought employment, permanent housing and has married a young man who has adopted her son.

An eighteen year old mother was referred for counseling and family care specialist services. The mother had an eighteen month old baby and was expecting her second child. She had no family support and had been abused by her mother during both pregnancies. Through the assistance of the project the mother and her child were placed in temporary housing and later the mother sought permanent housing.

This young mother returned to school and graduated with honors. She is presently working and her children are in day care. At present time there has been no repeated pregnancy.

An nineteen year old mother was referred by the court for family care services. Her two month old daughter had been injured during a fight between the teen mother and the child's paternal grandmother. The baby was temporarily placed in foster care. After developing good parenting skills the court has returned custody to the teen mother and protective services has closed the case. The teen mother is presently working on her GED.

An seventeen year old mother and her two children were referred for family care specialist and counseling services. Both of the children had been removed from the home by protective services because of neglect. By learning about child development, positive parent-infant interaction and parenting skills the teen mother's parenting has improved. Through counseling the teen mother has increased her overall level of functioning through: crisis management, problem-solving and improving inter-personal relationships. After seeking permanent housing both children were returned to their mother and protective services are no longer involved.

An sixteen year old mother and her one month old son were referred for family care specialist and the Young Parents' Club. The teen mother was referred because she had very limited family support and living with her seventy year old grandmother who was unable to share in the parenting because of health problems. The Young Parents' Club afforded the teen mother to meet peers who were in similar situations and enhance her ability to assume responsibility for her child in a positive, non-abusive way. Involvement in both elements of the project raised the teen mother's level of knowledge of child growth and development. As a result family communication and participation has improved. The teen mother has returned to school and is currently on the honor roll.

Sibling group

A sibling group for all siblings of participants of the project between eight years to eleven years was developed. The group was developed for children in high risk families designed to change patterned behavior and prevent teen pregnancy. The goals of this group are to help children make responsible decisions about sex, develop communication skills, explore values, and enhance self-esteem. The DUSO Kit (Developmenting Understanding of Self and Others) was utilized. The group met weekly at a local hospital for eight weeks.

The topics of concern were: Feelings, Coping Mechanism, Family Relationships, Trust Issues, Attention Seeking Behavior, Prevention of Repeated Pregnancy in the Family, Rules and limitations within the family and Expectations and Goal Setting and Evaluation of the group.

Problems

1. The high mobility among the teen population resulted in an inability for the project's staff to locate teen mothers after being involved in the project for a short time.
2. Many teen mothers refused to participate expressing that they didn't feel they needed the services. Many mothers of the teen parents felt they could teach parenting skills to their daughters.
3. Several teen mothers were placed into the Department of Human Resources custody and were placed outside of our service area.
4. Unstable housing conditions resulted in a loss of clients.
5. Some teen mothers that were referred to the project, after contact was made, the mothers expressed no interest in improving their parenting skills or participating in the project.
6. Some teen mothers were forced to seek employment which prevented involvement in the program.
7. Family Refusal to participate which prevented teen living in home to participate.
8. Lack of maturity of teens in keeping appointments, seeing their need for instruction in parenting skills, expectations of parental role, etc.
9. Difficulties in coordinating services closely with another agency.
10. Lack of interest by teen parents.

Grant Product

Research Project

A research project was conducted in cooperation with the School of Nursing, University of Alabama in Birmingham. The intent of this study was to evaluate the Teen Parent Program and its effectiveness in reducing child abuse and neglect and to strengthen families. A comparison sample group was selected for the study, in addition to the intervention group. Variables studied were self-esteem, family function, and development of the child. (See Research Plan, Summary, and Recommendations, attached after Conclusion).

Conclusion

In Jefferson County in 1986 there were forty seven babies born to teens under fifteen years of age and 1,453 babies born to teens between the ages of fifteen and nineteen. Jefferson County's infant mortality rate of 14.5 per 1,000 live births was 26.9% higher in 1985 than that of the United States. Alabama's current infant mortality rate is highest among states in the United States excluding Washington, D.C. There is a positive correlation between high teen pregnancy rates and high infant mortality rates.

Compounding this is the family disorganization and low self-esteem common in parenting teen's families which contributes to child abuse and neglect. Teen's lack of knowledge of infant care, health, growth and development may lead to environmental deprivation which affects the developmental outcome of the child. In addition, parenting teens who are not self-sufficient place a burden on the welfare systems of the state.

We are very pleased with the success of the project. This is a unique program in that it is the only one of its nature in this community. It is evident by the waiting list and demand for this service that it is needed in this area.

The need for this program has been demonstrated by strong community support. Continuous referrals of troubled teens, their infants and families have reinforced the need for this program. Statistics of teen pregnancy rates and infant mortality rates for Jefferson County speak for themselves in addressing the critical need for programs such as this to continue to be able to serve the teen parents of this community. Fortunately we were able to secure funding to continue the program after the federal funds terminated. Funding was secured from Children's Trust Fund, Public Health Department, Jefferson County Commission, Greater Birmingham Foundation, Independent Presbyterian Church, Children's Aid Foundation and United Way. Some adjustments have had to be made to accommodate to reduce funding but the agency has been able to maintain all services for 1989. Securing more permanent funding remains a priority.

Teen Parent Project - Research Project
Children's Aid Society - University of Alabama of Birmingham School of Nursing

Each subject participated in pre and post-testing completing three questionnaires. A total of sixty teen parents participated at pre-test and thirty subjects completed the project. Analysis was done by comparing pre-test results to post-test results in the intervention group to post-test results in the control group.

Instrumentation

The three instruments used in this study were the Coopersmith Self-Esteem Inventory (SEI) developed by Stanley Coopersmith (1967), the Inventory of Parent's Experiences (IPE) developed by Ragozin, Basham, Crnic, Greenberg, and Robinson (1982), and the Denver Developmental Screening Test (DDST) developed by Frankenburg, Dodds, and Fandal (1967) at the University of Colorado Medical Center.

The SEI and the IPE are both questionnaires administered by the investigators or trained data collectors. Data was obtained by interviews with the subject.

The DDST is a tool to aid in discovery of children with developmental problems. This test relies on observation of what the child can do and on report by a parent who knows the child. This screening was also administered during the interview with the subject.

A demographic data profile developed by the investigators was completed on each participant (See Appendix A).

Self Esteem Inventory

The Self-Esteem Inventory (SEI) was developed in conjunction with an extensive study of self-esteem in children (Cooperative, 1967). The original school form was used on a group basis with populations aged nine through adult. Because of occasional time limitations and differences in language level, two additional forms were developed, the short form and the adult form. For this study, the adult form was chosen. It consist of twenty five items designed to measure evaluative attitudes toward the self. All items are short statements and are answered "like me" or unlike me."

The SEI is used to judge effectiveness of self-esteem programs. Numerous studies have been conducted for reliability and validity. Bedian, Geagul, and Zmud (1977) computed test-retest reliability estimates for one hundred three college students who were administered the short form. Coefficients are .80 for males and .82 for females. Crandall, Shaver, and Robinson (1973) found correlations of .59 and .60 between the SEI short form and the Rosenberg scale for college students.

Scoring is based upon the number of correct responses to the twenty five items. This can result in a maximum possible Total Self Score of one hundred. In most studies, high self-esteem mean scores have been in range of from seventy to eighty with a standard deviation of from eleven to thirteen (Coopersmith, 1967).

Inventory of Parents' Experience

This instrument developed by Crnic, Greenberg, Ragozin, Robinson, and Basham (1982) was designed to study the relationship of stress and social support to maternal attitudes and mother-infant interactive behavior. The tool consists of fifty four items designed to measure three domains:

1. satisfaction with parenting
2. satisfaction with social support
3. general life satisfaction.

The final item of the questionnaire is a measure of general life satisfaction and the rating as a single item is self-explanatory.

The measure of satisfaction is noted on a four point scale (very satisfied, somewhat satisfied, somewhat dissatisfied, and very dissatisfied). Scoring is based upon the respondents's response to the satisfaction items only. Reliability of the instrument has been reported Cronback's alpha = .67 (Crnic, et al., 1982).

Denver Developmental Screening Test

The Denver Developmental Screening Test (DDST) is made up of one hundred five tasks written in the range of accomplishment of children in the age span from birth to six years. These tasks are arranged in the test form in four sections:

1. Personal - Social
2. Fine Motor - Adaptive
3. Language
4. Gross Motor.

In addition, each participant will be provided with a copy of a consent form and a signed consent form will be assured of complete confidentiality as no names will be requested or recorded on the individual questionnaires. Date collections forms will be coded with an identification number for record keeping purposes.

Results of Finds

The purpose of this study was to provide an evaluation of a Teen Parent Program designed to reduce child abuse and neglect and to strengthen families. Variables studied were indirect measures of self-esteem, family functioning, and development of the child. Data was collected from two groups.

Participants from the Teen Parent Program were placed in the intervention group with a second sample obtained for a control group. Comparison of the intervention group to control group on demographic variables, and pre-test results, was done to document group equality prior to intervention. Post testing occurred with the two groups six to nine months following the pre-test. Analysis was done by comparing pre-test results in the control group.

Demographic data was obtained regarding age of respondent and number of children. All data was collected from the teen mother. Attempts to contact the teen father were unsuccessful. Comparison of the two study groups for group equality at pre and post-test showed no significant differences. The results obtained were also in line with national and local norms. Nationally, about one in ten girls age fifteen to nineteen become pregnant each year. Six in ten mothers who deliver before they are seventeen become pregnant again before they are nineteen. Locally, in Jefferson County, there were 1,511 live births in 1985 to women under the age of eighteen (Adolescent Pregnancy Child Watch, 1985).

Adolescence represents a transition time between childhood and adulthood. Teenage pregnancy and teenage parenting is a problem of social, medical, educational, and economic importance to the persons involved and to society. Research has demonstrated the lack of family and spouse support can adversely affect the parenting capability of the teenage mothers (Gittman, 1986).

Two instruments were utilized to collect data regarding self-esteem of the teen mother and functioning as a parent. Pre-test scores on the Coopersmith Self-Esteem Inventory showed a significant difference between the two groups. It should be noted, however, that scores for both groups were below the desired level of seventy to one hundred.

The test relies on observation of what the child can do and on report by parent who knows the child. Scoring of each item is based on the ability of the child to perform the task. The DDST is designed for use by people who have not had special training in psychological testing. It was designed to aid in early discovery of children with developmental problems.

Two hundred thirty-six children were administered the DDST and the Stanford-Binet or the Revised Bayley Scale of Infant Tests. There was a high degree of agreement between the DDST ratings and the quotients of the Stanford-Binet and Bayley. Grouping the normal and questionable DDST ratings and all quotients of seventy and above together resulted in co-positivity of 0.73, a co-negativity of 0.92, 7.2 percent over referrals and 2.95 percent under - referrals.

Pretest of the Instruments

Prior to data collection, pretesting of all three of the research instruments was carried out. Five teen parents (mothers) aged sixteen to twenty nine volunteered to participate in this procedure. The pretest was conducted to determine the length of time needed for completion of the instruments and to assess any difficulties in understanding or answering the items. The time for the participants to complete the questionnaires by themselves ranged from thirty to forty minutes. The participants expressed difficulty in completing the questionnaires without additional clarification from the investigators. Because of the time and difficulty experienced by the participants, the investigators chose to administer the questionnaires in the study by interview.

The DDST was administered with the pre test group without difficulty. Time for completion ranged from ten to fifteen minutes per child.

Protection of Human Subjects

Several methods have been implemented to assure protection of human subjects in this study. Permission to conduct this study has been granted through a full review of the Institutional Review Board for Human Use (IRB) of the University of Alabama at Birmingham. Permission has also been granted in writing and verbally from the Director of the Children's Aid Society and the administrator of the Jefferson County Health Department to conduct research in their facility.

Post-test scores were non-significant. Because of the difficulty in obtaining subjects for the post-test, the effects of intervention can not be determined. Those subjects with higher self-esteem may have separated themselves from the program before post-testing. However, in comparing the pre-test score in the intervention group with the post-test score, it should be noted there was a change from a mean score of fifty eight to a mean score of sixty seven. Although still below the desired score of seventy to one hundred, this represents an increase in the self-esteem score.

The Inventory of Parent's Experiences was utilized to collect data concerning the teen mother's satisfaction as a parent. Information was obtained regarding friend, family and community support, and current intimate relationships. The category of workplace was deleted because only a very small number of subjects were in the work force. Pre-test scores showed several areas of significant differences.

The intervention group scored much lower than the control group in the area of community support. This could partly be answered because the control group was utilizing a local health care agency at the time of the pre-test.

Within this agency, were many resources available for the teen parent.

The intervention group also scored lower than the control group in satisfaction with parent role. This was expected. The intervention group had been identified as high risk and referred to the Teen Parent program for intervention.

The children from adolescent parents suffer from the medical and socioeconomic disadvantages of their parents. The sixth month and one year periods are particularly critical for adolescent parents. The realities of raising a child can begin to disintegrate the mother's ability to cope.

The use of the Denver Developmental Screening Test was an attempt to determine the development of the child and/or children of the teen parent in four areas: personal-social, fine motor, language, and gross motor. There was no evidence of developmental delays in either of the two groups at pre-test. Many of the children were not available for post-testing, or parental consent was not given. For this reason, conclusions concerning appropriate child development can not be determined in either group at post-test.

Summary and Recommendations

The intent of this study was to evaluate services provided by a Teen Parent program. Although not conclusive, the data collected and scope of the problem suggest the need for the continuation of this program.

Possible reasons for the loss of participants in the study have been identified:

1. high mobility among this population
2. unstable housing conditions
3. Placement into the Department of Human Resources custody
4. subject moved out of area
5. refused to participate in post-test.

The researchers have offered several recommendations to the agency as a result of this study. They include the following:

1. form a program evaluation committee to monitor goals, objectives and outcomes of this program.
2. re-evaluate all data collection instruments for continued use.
3. assign individual not associated with client therapy to do testing.
4. continue to test participants at entrance into the program. and exit.
5. following pre-test, evaluate participant progress at closer intervals rather than six to nine months later (this may be determined on an individual basis).
6. program coordinator to make frequent home visits in order to enhance continued participation in the program.
7. offer parenting classes for all program participants.
8. further research is needed to better assess the program's interventions.